RETURN TO:
Mt. San Antonio College
Financial Aid Office
1100 N. Grand Avenue
Walnut, CA 91789

MT. SAN ANTONIO COLLEGE
FINANCIAL AID OFFICE

2017-2018 SOCIAL SECURITY RESOLUTION FORM - PARENT

Form must be completed in blue or black ink

Student's Name: _____   Mt. SAC ID #: _____

The Social Security Administration (SSA) did not confirm that the Name, Date of Birth, or Social Security Number (SSN) you reported for your parent(s) on your Free Application for Federal Student Aid (FAFSA) is correct. Either the information was left blank or the name(s), date(s) of birth, and/or Social Security Number(s) were invalid. Please complete this form for the parent(s) for whom information was requested on your Student Aid Report (SAR) and return along with **a CLEAR COPY of your parent(s)'s Social Security Card(s)** to Mt. San Antonio College's Financial Aid Office.
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FATHER/STEPFATHER

Father/Stepfather's Full Name (**exactly as it appears on his Social Security Card**)

Father/Stepfather's Last Name: _____   Father/Stepfather's First Name: _____

Father/Stepfather's Social Security Number: _____

☐ Father/Stepfather does not have a Social Security Number.

Father/Stepfather's Date of Birth: Month _____   Day _____   Year _____

MOTHER/STEPMOTHER

Mother/Stepmother's Full Name (**exactly as it appears on her Social Security Card**)

Mother/Stepmother's Last Name: _____   Mother/Stepmother's First Name: _____

Mother/Stepmother's Social Security Number: _____

☐ Mother/Stepmother does not have a Social Security Number.

Mother/Stepmother's Date of Birth: Month _____   Day _____   Year _____

Certification and Signatures:
At least one parent must sign this form. By signing this worksheet, you certify that all information reported on this worksheet is complete and correct. If you purposely give false or misleading information, you may be fined, sentenced to jail, or both.

Student's Signature: _____   **Date:** _____

Parent's Signature: _____   **Date:** _____

FORM 18PSSR